## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name						Telephone Number		Date of	ID#	
WAFFLE HOUSE #349						Est	812-944-3141	Inspection		
Address 325 WEST SPRING STREET, NEW ALBANY IN 47150						Own 770-729-5742		01/14/2022		
Owner							Purpose	Follow Up	Released	
ATTN: TAX DEPT- P.O. BOX6450							X Routine	•	01/24/2022	
Owner's Address							Follow-up			
P.O. BOX 6450 NORCROSS, GA 30091-							Complaint			
Person in Charge							Pre-Operational			
JAZMEN HODGES						4	Temporary	Menu Type		
Responsible Person's Email										
PORCHIATOBIAS@WAFFLEHOUSE.COM						-	HACCP	1 _ 2 _ 3 <u>X</u>	4 _ 5 _	
Certified Food Handler							Other (list)			
PORCHIA TOBIAS-HOHL										
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section # C NC R Narrative							To Be Corrected			
294	Х			Measured no sar	nitizer in 2 sanitizer buck	Corrected				
438	Χ				el on spray bottle contain	Correcte	Corrected			
297		Χ		_	forming on the right side	today	-			
324		Χ		Observed drain hose on both ice chests to be discharging onto the floor tile 2 days and not to nearby floor drain.						
392		Х	Х	Observed side door of dumpster to be left open.  Today						
393		X	,,		mpster plug. Contact dum	2 weeks				
395		X			e of dumpster to be uncle		1 month			
41.6				debris.  Observed dead insects periodically scattered throughout light shields.  1 week						
416		X		Observed dead insects periodically scattered throughout light shields.						
422		Х		Observed jackets stored on bread flat. There was no bread on the rack at the time. Additional hooks may need to be installed to prevent improper storage of personal items.						
431		Χ		Observed container outside the back of store to be full or grease and close 2 weeks to overflowing. Container appears to collect run off grease from fume hood.						
							-			
Summary of Violations C 2 NC 8 R 1										
Received by (nam	e and t	itle prir	ited):	<u> </u>		Inspected by (name and title printed):				
							Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
							Thomas Inider			
cc:					cc:	-		cc:		